

Work Order ID 94506

94506

Page 1

December-19-12 11:33:09 AM

Item ID: D4105-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Strap

Start Date: 12/19/12

Start Qty: 20.00

20

Cust Item ID:

Required Date: 1/11/13

Req'd Qty: 20.00

20

Customer:

Reference:

Approvals:

Process Plan: ML5

Date: 12-12-20

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
100		0.00							
100	PURCHASING								
Purchasing	Memo	0.00							
Purchasing	Issue P/O: 18701								
	Manufacture as per dwg D4105								
	Possible Supplier: Tulmar								
	Material release note is required.								
110	Receive & Inspect for Damage & Mat'l Certs	0.00							
110	Memo	0.00							
Packaging	Ensure Material release note is required.								
120	QC6- Inspect dimensions to drawing	0.00	DAS						
120	Memo	0.00	15						
QC			8-89						
Quality Control		13-1-14							
			20						

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____ NCR No. _____			<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

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December-19-12 11:33:09 AM

Page 2

Item ID: D4105-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Strap

Stop

NS2

Start Date: 12/19/12

Start Qty: 20.00

20

Cust Item ID:

Required Date: 1/11/13

Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

Identify as per dwg & Stock Location

0.00

130

Packaging

Packaging

Memo

0.00

20x

SD

13-01-15

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Quality Control

Memo

0.00

MJ 13-01-15

11/13/14/15

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

Picklist Print

December-19-12 11:33:09 AM

Page 1

Work Order ID: 94506
Parent Item: D4105-1
Parent Item Name: Strap
Comments: IPP Rev:A 10.09.07 new issue DD verf:JLM

Start Date: 12/19/12 Required Date: 1/11/13
Start Qty: 20.00 Required Qty: 20.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4105-1P Strap		Purchased		No		110	Each	0.0000	1	20		143/01/14 (20)	

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DOA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS							
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____		Work Order Update <input type="checkbox"/>			Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
Root Cause			Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data	<input type="checkbox"/>											
Equip/Tooling	<input type="checkbox"/>											
Operator	<input type="checkbox"/>											
Material	<input type="checkbox"/>											
Setup	<input type="checkbox"/>											
Other	<input type="checkbox"/>											
Process	<input type="checkbox"/>											
Supplier	<input type="checkbox"/>											
Training	<input type="checkbox"/>											
Unapproved	<input type="checkbox"/>											
FAULT CATEGORY												
Landing Gear				General								
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
Cracks <input type="checkbox"/>				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
Crushed/Crimped. <input type="checkbox"/>				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
Cuffs <input type="checkbox"/>				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
Heat Treat <input type="checkbox"/>				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
Inspection Strip in Tube <input type="checkbox"/>				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>					
Ripples in Bend <input type="checkbox"/>				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>							
Torque Waves in Extrusion <input type="checkbox"/>				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
Turning Sequence <input type="checkbox"/>				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
Wave/Twist in Tube <input type="checkbox"/>				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

PACKING SLIP

TULMAR

Tulmar Safety Systems Inc.
1123 Cameron Street
Hawkesbury, ON K6A 2B8 CA
Tel: 613-632-1282
Fax: 613-632-2030
MID : XOTULSAF1123HAW
email: info@tulmar.com

Packing Slip No.

46496

Ship Date

10-Jan-13

Bill To:

Dart Aerospace
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7. Canada

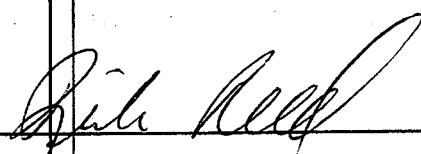
Ship to:

Dart Aerospace
1270 Aberdeen Street
Tel: 613-632-5200
Call Brigitte Golden when ready
Hawkesbury, ON K6A 1K7. Canada

Order number	Sales order date	Account number	Account manager
29751	8-Jan-13	CDART100	Helena Vandeweerd
PO number	Ship Via	Shipping Terms	
PO18701	Pick-Up	FOB HAWKESBURY	
Item No.	Quantity ordered	UOM	Qty Shipped/Returned
Description			Quantity on back order
85079-001	20	EA	20

Strap/
Drawing No: D4105-1
DWG Rev: B
LN 1
Lot No: BATCH0000000002 Qty: 20

Shipper



Date:

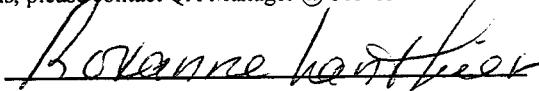
JAN 10 2013

Certificate of Conformance

See Certification Enclosed

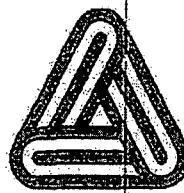
I hereby certify that the items listed hereon have been inspected, and / or tested (as applicable), conform to all specifications and requirements detailed in the contract or purchase order. Objective evidence to support this statement is on file, and can be made available upon request.
If any questions or concerns, please contact QA Manager @ 613-632-1282 ext. 245.

Authorized Inspector



Date:

JAN 10 2013



**AVERY
DENNISON**

303 Advantage Court
Lenoir, NC 28645

CERTIFICATE OF COMPLIANCE

Sold To:	Tulmar Safety Systems Inc	
Vendor Name:	Avery Dennison Retail Information Systems	
PO#:	22705	
Product:	25KAMSAFE	BLANK 2360NWT, IMPRINTED ONESIDE, 1-3/8" WEB
	Consists of:	
	10D011625	HS1111 1-3/4" 1.125P 1640FT TTR
	152360138	2360NWT 1-3/8" 3C 334YDS
Mil Spec:	NA	
Quantity	1	
Lot#	NA	
Ship Date:	3/8/2012	
Contract#	NA	
I certify that the above component complies with all applicable Avery Dennison specifications of 950 German Street, Lenoir, NC.		
Signature:		
Title:	Shipping Lead	

SP
TSS # 20019-001/04

Qualified Lab
List No. 1935
(610) -845-2211

B A L L Y R I B B O N M I L L S

23 N. 7th Street
Bally, PA 19503

09/30/11

REPORT # 175634-0001

Customer	TULMAR SAFETY SYSTEMS	Shipment
Purchase Order No.	21294-00	Shipped Via ALL-CONNECT
Specifications	MIL-W-4088K CLASS 1 TYPE XVII COLOR CHIP #37030 P/N TSS2262B	Memo No. 369377
Contract No.	UV, MOULD, FUNGUS RESISTANT LOT #9A9557 DOM:09/11	Quantity 6641 YD
BALLY RIBBON MILLS	894101000BK	Lot Quantity 10085
Pattern No.	8941-1" BLACK NYLON WEBBING	

CERTIFICATE OF CONFORMANCE

I certify that this pattern conforms with the physical, chemical, and visual quality of the Military Specifications listed above.



JEROME RICHARDS

QUALITY ASSURANCE MANAGER

212

④
TSS # 2262-B/16
②



American & Efird Inc.
Post Office Box - 507
Mount Holly, NC -28120
Certificate of Compliance

Date : 3/23/2011

Mfg. Date : 3/27/2010

Lot Id : 705150

Quantity: 43

Product : Tex 90 BONDED 'Z' NYLON FILAMENT Black AA 63002 16 OZ

Specification : A-A-59826 TPII CLA F BT92N4

Customer Order Number : 17499-00

Plys (Visual) : 4

Customer : Tulmar Safety Inc.

Twist Direction : Z

Shipped To : Tulmar Safety Inc.

A&E Color : 63002 Black
AA

Description : Bright, Continuous Multifilament Nylon, Melting Point >472F; Colorless Nylon Polymer Bond;
Polypropylene Spools

Characteristic	Test1	Test2	Test3	Test4	Test5	Average	Minimum	Maximum
Strength #1 (Pound)	15.2	15.7	15.6	15.7	15.8	15.6		
Strength #2 (Pound)	15.4	15.1	15.2	15.4	14.8	15.2		
Average Strength (Pound)						15.4	11.8	
Elongation #1 (Percent)	20.5	22.4	21.8	22	21.8	21.7		
Elongation #2 (Percent)	22.3	21.4	21.9	22.5	21.1	21.9		
Average Elongation (Percent)						21.8		26
Lube								
						Pass	Pass	
Twist S #1 (Turns per inch)	12.2	12.2	12.2	12.2	12.2	12.2		
Twist S #2 (Turns per inch)	12.2	12.2	12.2	12.2	12.2	12.2		
Average Twist S (Turns per inch) Initial Twist						12.2		
Twist Z #1 (Turns per inch)	8.1	8.1	8.1	8.1	8.1	8.1		
Twist Z #2 (Turns per inch)	8.1	8.1	8.1	8.1	8.1	8.1		
Average Twist Z (Turns per inch) Final Twist						8.1	5.5	
Yield #1 (Yards/Pound)	4211.8					4211.8		
Yield #2 (Yards/Pound)	4114.7					4114.7		
Average Yield (Yards/Pound)						4163.2	3601	5200
Laundry #1 (Grading Scale)	5					5		
Laundry #2 (Grading Scale)	5					5		
Average Laundry (Grading Scale)						5	3	5
Dry Cleaning #1 (Grading Scale)	5					5		
Dry Cleaning #2 (Grading Scale)	5					5		

TSS 2530 / 50 Rev



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO18701**

Purchase Order Date 1/3/2013

PO Print Date 1/3/2013

Page Number 1 of 1

Order From : VC-TUL001

TULMAR SAFETY SYSTEMS
1123 CAMERON ST
HAWKESBURY, ON K6A 2B8
CA

Contact Name	Buyer	Brigitte Golden
Vendor Phone	Requisition Nbr	10127-2607
Vendor Fax	Tax Resale Nbr	Net 30
Vendor Account Nbr	Terms	CAD
	Currency	Destination-Collect
	FOB	

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D4105-1P	Strap	1/11/2013 Yes	20.00 Each	Dart Truck	\$5.7000	\$114.00

Special Inst: As per DWG: D4105 Rev: B
B94506

PO Total: **\$114.00**

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO

Change Nbr: 1

Change Date: 1/3/2013